

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH  
1003

State File No. 5079  
Registrar's No. 1909

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5301 Itaska  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community 59 years

3. (a) PRINT FULL NAME Mr. George Muller  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Adeline Kehr Muller</u>	6. (c) Age of husband or wife if alive <u>79</u> years	
7. Birth date of deceased <u>December 24th, 1859</u> (Month) (Day) (Year)		

8. AGE: Years <u>80</u>	Months <u>1</u>	Days <u>29</u>	If less than one day _____ hr. _____ min.
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9. Birthplace Luettawa, Russia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Blacksmith

11. Industry or business \_\_\_\_\_  
12. Name George Muller  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Maggie  
Unknown  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adeline Muller  
(b) Address 5301 Itaska

17. (a) Burial (b) Date thereof 2/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Adeline Muller & Sons  
(b) Address 1936 St. Louis Avenue

19. (a) FEB 26 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5301 Itaska St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 62 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1940 hour ( 9 ) minute 45 P. M.  
21. I hereby certify that I attended the deceased from 2-22-40  
\_\_\_\_\_, 19\_\_\_\_, to 2/23/40, 19\_\_\_\_;  
that I last saw him alive on 2-23-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of tongue  
with involvement  
of cervical glands  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_  
Major findings: Of operations None  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature O. E. Oberlin (M. D. or other) \_\_\_\_\_  
Address 4523 J. King Highway Date signed 2/24/40

11-1.

Dr. G. E. Pfeiffer  
4523<sup>rd</sup> St. N.W.  
King

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed  Felix J. Krispin

Licensed Embalmer No.  3497

P. O. Address  1936 St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**